

incidents merely because the lawmaker fears this research could serve as the basis for legislative action that the lawmaker does not favor.

Restricting research because you disagree with its results is unAmerican to its core, a deviation from our proud national tradition of free and open inquiry.

As lawmakers, we must recognize that gun incidents are claiming the lives of too many of our citizens and tearing apart too many of our communities. In deciding how best to confront this challenge, we should seek out and sponsor research on this subject, not shun it.

For this reason, my bill would repeal the current policy rider and express the sense of Congress that no such policy riders should be enacted in the future.

I hope my colleagues will cosponsor this legislation, which underscores the importance of fact-based policymaking, and places people before politics.

TRUMPCARE COSTS MORE AND DELIVERS LESS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) for 5 minutes.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, in listening to my colleagues on the other side of the aisle this morning, I am struck by the adage, "You are entitled to your opinion, but you are not entitled to your own facts."

I think it is important to note that the reality of the passage of the Affordable Care Act in 2010 was that there were hundreds of hours of hearings, many opportunities for all Members to provide input, mandatory processes that allowed for changes to that legislation that eventually became law, discussion, and a CBO analysis that shed light on the true cost—nothing like what has been described during the 24-hour whirlwind in the middle of the night that has resulted in the ramming through of legislation that will clearly increase costs and cover fewer individuals.

Mr. Speaker, as a mother, a breast cancer survivor, and a proud Floridian, I rise today in opposition to the majority's irresponsible proposal to repeal the Affordable Care Act.

After preaching for 7 years about a superior alternative to ObamaCare, my colleagues across the aisle have finally revealed their TrumpCare plan to the American people.

As you might expect from TrumpCare, it promises more, delivers less, has fewer protections, and costs more. In other words, it will make America sick again.

To add insult to injury, my Republican colleagues have moved this bill under the cover of darkness, without any hearings or even an analysis of its cost from the Congressional Budget Office.

However, we do have an earlier CBO report that estimates that 15 million people would lose health insurance just as a result of repealing the individual mandate, which this bill, of course, does.

Perhaps even more disturbing is the fact that President Trump told 129 million Americans like me, as a breast cancer survivor with preexisting conditions, that he would preserve the ACA provision prohibiting insurance companies from dropping us or denying us coverage, but he and his Republican colleagues in the House broke their promise and did not keep their word.

The bill would once again allow insurance companies to charge people higher premiums when they have a preexisting condition, which will make coverage unaffordable. That is unconscionable.

This bill will also punish millions of people who experience a lapse in coverage. Before we had the Affordable Care Act, an estimated 59.1 million people lacked continuous coverage for at least part of the previous year.

One of those 59.1 million people was Suzanne Boyd from my district in Sunrise, Florida, who, with two daughters heading to college, was just starting to realize her dream of owning her own special events small business as her full-time job. Suzanne had insurance coverage for years through her husband's employer-sponsored health plan, until 2012, when her husband, Mark, died of lung cancer. Two weeks later, the family lost their employer-sponsored health insurance. Only 5 months after that, Suzanne, now widowed and uninsured, was diagnosed with Hodgkin lymphoma.

As Suzanne has said, before the Affordable Care Act, she wouldn't even have been able to think about starting her own business. She probably would have looked for another corporate job with health benefits. But knowing she would soon be able to obtain insurance under the ACA and that her preexisting condition couldn't be held against her when she applied, she started her company in 2013. She eventually qualified for a plan that cost her \$192 a month with substantial government subsidies.

□ 1100

Under the Republican plan, people like Suzanne may be forced to pay a 30 percent higher premium each month in order to receive care.

Make no mistake: these massive increases in healthcare costs dumped on the backs of American working families will only benefit the wealthiest few. The 400 richest families in America will see a tax break worth \$7 million a year. That would make the GOP bill one of the largest transfers in wealth from low- and middle-income families to the wealthiest in recent memory.

This tax cut for the wealthy will also fall on the shoulders of seniors across America who will be forced to pay premiums five times higher than what

younger individuals pay for health coverage. Not only is that cruel, but it is also unsustainable.

According to the 2016 Medicare Trustees Report, the Medicare trust fund is solvent until 2028, 11 years longer than what was expected before the enactment of the Affordable Care Act reforms. In contrast, as the AARP noted, certain repeal provisions in the GOP bill could hasten the insolvency of Medicare by up to 4 years and diminish Medicare's ability to pay for services in the future.

Millions of seniors depend on Medicare in conjunction with Medicaid to cover their long-term care needs, but Republicans' plans to make America sick again would destroy Medicaid as we know it. At least 11 million Americans stand to lose their healthcare coverage with the passage of this bill. And if you are fortunate enough not to be one of those 11 million, well, then I hope you are not, either, one of the tens of millions of seniors with long-term care needs, Americans with disabilities, pregnant women, children, or others who rely on Medicaid, because these drastic cuts and per capita caps are going to hurt them, too.

TrumpCare's assault on Medicaid will also disproportionately affect women. This is an unconscionable piece of legislation that must have the light of day shining on it and that must not be allowed to become law. Democrats will stand in the breach to make sure that Americans don't get sick like they used to.

CELEBRATING SCHOOL SOCIAL WORKERS

The SPEAKER pro tempore (Mr. WOODALL). The Chair recognizes the gentlewoman from Wisconsin (Ms. MOORE) for 5 minutes.

Ms. MOORE. Mr. Speaker, the month of March is when social workers throughout the country celebrate Social Work Month. I am here today to honor a special group of social workers who work in one of the most important institutions in our society: our schools.

To honor the vital role school social workers serve in our communities, I am proud to introduce H.R. 171, to recognize the many contributions of school social workers and to designate this week, March 5 through 11, as School Social Work Week.

School social workers are critical members of a school's educational team. They strengthen partnerships between students' homes, schools, and communities as they work to ensure student academic success. School social workers are uniquely trained and specially equipped to mentor students who face emotional, academic, and behavioral barriers to learning.

Their expertise guides students through serious life challenges, including poverty, disability, sexual and physical abuse, addiction, bullying, and various forms of familial separation such as military deployment, divorce,

and incarceration. We now understand how these adverse childhood experiences and chronic exposures to the stressors affect the developing brain, particularly in a school setting where the academic demands are high and the social pressures can be life changing.

We must better support these students to overcome these barriers to success. We now have the science and research to inform our policies so that we are not just funneling these children out of a school system and into a prison system. We must prioritize the economic benefits of effective and preventive solutions and provide the necessary supports.

School social workers provide these services in our schools by connecting students and families to available resources in the community, particularly in areas that have been hit hardest by poverty. School social workers improve the success rate of children coming from a disadvantaged background, lending a much-needed hand in our efforts to create a more equal society. Families and communities want these services for their children. School districts should prioritize and invest in staffing models and programs that offer mental health services.

Research tells us that individuals who suffer from mental illness will have developed these symptoms by age 14. The Centers for Disease Control finds that behavioral disorders are increasing in youth and presenting themselves at younger ages. Fewer than one in five of these children will ever receive needed mental health services.

We also know that suicide is the second leading cause of death for young people ages 10 through 24. School mental health programs provided and enhanced by school social workers are critical to early identification of mental health problems.

Research indicates that school mental health programs improve educational outcomes by decreasing absences, decreasing disciplinary referrals, and improving academic achievement. Our students deserve the support. Our students need school social workers to help them succeed.

Unfortunately, there are often not enough school social workers available in school districts to meet the many, many needs of at-risk youth. The 1-to-250 maximum recommended ratio of school social workers to students is exceeded in almost all school districts in the United States, with some experiencing ratios as high as 1 to 21,000.

As we seek to improve our educational opportunities, maximizing the new opportunities and flexibility of the Every Student Achieves Act, let us use this week to recognize the contributions of school social workers and the vital role they play in helping our children reach their fullest potential.

WHAT WE KNOW AND DON'T KNOW ABOUT THE GOP HEALTHCARE PLAN

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. TAKANO) for 5 minutes.

Mr. TAKANO. Mr. Speaker, I rise this morning to share with my constituents what we know about the Republican healthcare plan and, more importantly, what we don't know.

We know that the Republican proposal to replace the Affordable Care Act will cut taxes for the wealthiest people in America.

We know that it will eventually eliminate the Medicaid expansion, which is responsible for ensuring millions of Americans, including nearly 80,000 people in my district alone.

We know that the GOP replacement plan shifts costs to seniors and low-income families while restricting women's access to reproductive health.

We know that it is a windfall for the healthy and wealthy and a disaster for nearly everyone else.

Now, this is what we know about the GOP healthcare plan, but perhaps more alarming is what we don't know. My Republican colleagues cannot answer the two most important questions about their proposal: How much will it cost and how many people will it cover?

Mr. Speaker, Congress should not take any further action on this bill without knowing its impact on the budget and its consequences for the American people.

I am stunned—stunned—that my Republican colleagues are planning to move forward on a plan that is, quite literally, a matter of life and death for millions of American families without knowing exactly what they are moving forward with.

Mr. Speaker, in 2009 and 2010 when Democrats held a televised healthcare summit with Republican leaders, when the Senate HELP Committee marked up the Affordable Care Act over a full month and accepted 160 Republican amendments, and when the Senate Finance Committee held 31 meetings over 60 hours, even after that process, Republicans said that Democrats rammed the healthcare bill through Congress without reading it. Now the Republican majority is moving forward with their replacement plan without knowing what it costs and what it will mean for American families.

This level of hypocrisy and recklessness is insulting to the American people, and it is dangerous for the future of our healthcare system.

There is already plenty to dislike about what we know is in this bill. Who knows what we will find out when we uncover the rest.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 11 o'clock and 10 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at noon.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

God of the universe, we give You thanks for giving us another day.

We ask Your blessing upon this assembly and upon all who call upon Your name. Send Your spirit to fill their hearts with those divine gifts You have prepared for them.

May Your grace find expression in their compassion for the weak and the poor among us, and may Your mercy encourage good will in all they do and accomplish this day.

As the Members of the people's House face the demands of our time, grant them and us all Your peace and strength that we might act justly, love tenderly, and walk humbly with You.

May all that is done this day be for Your greater honor and glory.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from New Hampshire (Ms. KUSTER) come forward and lead the House in the Pledge of Allegiance.

Ms. KUSTER of New Hampshire led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 9, 2017.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on March 9, 2017, at 9:16 a.m.:

That the Senate agreed to without amendment H.J. Res. 58.